



**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

IN RE:

Chapter 11

W.R. GRACE &amp; CO., et al.

Case No. 01-01139 (JKF)

Jointly Administered

Debtors.

**GENERAL OBJECTIONS TO CLAIMANT DISCOVERY QUESTIONNAIRE**

("Claimant") hereby makes the following general objections to the W.R. Grace Asbestos Personal Injury Questionnaire (the "Discovery Questionnaire"):

1. Pursuant to Federal Rule of Civil Procedure 26(b)(4)(B), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of facts known or opinions held by an expert who has been retained or specially employed in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial. Without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of Fed.R.Civ.P. 26(b)(4)(B):

- (a) Claimant objects to Section C of the Instructions to the extent that it requests the completion of Part II of the Discovery Questionnaire "if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors."
- (b) Claimant objects to Section C of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (c) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all x-ray readings and reports."
- (d) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all pulmonary function test results, including the raw data and all spirometric tracings, on which the results are based."
- (e) Claimant objects to Section J of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (f) Claimant objects to Part II of the Discovery Questionnaire to the extent that it requests disclosure of "diagnoses and diagnostic tests" by "multiple doctors" concerning "previous or subsequent diagnoses or diagnostic tests that change or conflict with the original diagnoses." Claimant urges this objection with regard to all "conditions" for which disclosure is requested.

REDACTED



WR GRACE PIQ 017400-0051

2. Claimant further objects to the Discovery Questionnaire to the extent that it seeks disclosure of any privileged communication between Claimant, and/or a representative of Claimant, and any attorney for Claimant, and/or representative of any attorney for Claimant. In addition, pursuant to Federal Rule of Civil Procedure 26(b)(3), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of the work product of any attorney for Claimant, including but not limited to the mental impressions, conclusions, opinions or legal theories of any attorney or other representative of Claimant. Specifically, and without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of the attorney-client communication and/or attorney work product privileges:

- (a) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant "retained counsel in order to receive any of the services performed by the diagnosing doctor."
- (b) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if "the diagnosing doctor was referred to you by counsel."
- (c) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant is "aware of any relationship between the diagnosing doctor and your legal counsel" unless Claimant's knowledge was obtained other than through communication with Claimant's legal counsel and/or his/her representative.
- (d) These objections are urged with regard to each instance that the above questions are asked in sections 2, 3, 4, 5, 6 and 7 of Part II of the Discovery Questionnaire.

3. Claimant further objects to Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of information relating to litigation and claims regarding silica as irrelevant to the issues concerning Claimant's asbestos claim against W.R. Grace & Co. and/or its affiliated debtors.

4. Claimant further objects to Section a.6 and b.1-7 of Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of settlements reached with other defendants that are subject to binding confidentiality agreements, and further objection is made in that said information exceeds the permissible scope of discovery regarding credit and/or offset information. Further objection is made in that the information sought is not relevant to the claims estimation process.

5. These general objections are made in addition to, and without waiver of, any specific objections contained within the responses to the Discovery Questionnaire itself. The covering sheet is intended to be, and is hereby, incorporated into the Discovery Questionnaire as if repeated therein verbatim in full.



6. By submitting this response to the Discovery Questionnaire, Claimant does not intend to, and hereby does not, submit to the jurisdiction of the United States District Court for the District of Delaware, to the United States Bankruptcy Court for the District of Delaware, or to any other court. Claimant reserves (i) all objections to the jurisdiction and/or venue, (ii) all protections afforded under Federal Rule of Civil Procedure 9016, and (iii) the right to jury trial afforded under 28 U.S.C. § 157(b)(5).

Respectfully Submitted,

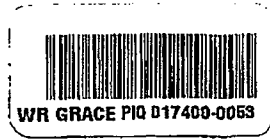
REDACTED

Respectfully Submitted,

Scott W. Wert, Esq.  
TX State Bar No. 00794835  
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Arlington, TX 76011  
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**FOSTER & SEAR, L.L.P.**  
**ATTORNEYS AT LAW**

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ARLINGTON, TX 76011



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July 7, 2006

United State Bankruptcy Court  
District of Delaware  
Clerk of Court  
824 Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19801

*Re: Cause No. 01-01139 (JKF); W. R. Grace & Co., et al., Debtor; In Proceedings for  
a Reorganization under Chapter 11*

Dear Clerk:

Enclosed for filing please find two discs containing W. R. Grace Asbestos Personal Injury Questionnaires in PDF format for each claimant named on the enclosed list.

I have also included hard-copies of the Questionnaires. Please place your file-mark stamp on each, and return them to me in the same boxes they were shipped in. I have enclosed return FedEx labels for your convenience.

Thank you for your cooperation. Please feel free to contact me at 817-633-3355 if you have any questions or concerns.

Sincerely,

FOSTER & SEAR, L.L.P.

A handwritten signature in cursive script, which appears to read "Denise", is written over the typed name.

Denise Clement,  
Settlement Department

SHIP DATE: 11 JUL 06  
SYSTEM #3136899  
ACTUAL WGT: 50.1 LB

(973) 565-12358

EMP #195159

NEWARK OVERGOODS

Newark International Airport

Newark, NJ 07114

Part # 154254-354 NRIT 06/05



TO:  
\*ATTN MR GRACE AND CO BANKRUPTCY (507) 334-2031  
RUST CONSULTING INC  
201 S LYNDLE AVENUE S

FedEx Revenue Barcode

**FedEx**

FARIBAULT, MN 55021

REF: 200607111074



Delivery Address Barcode (FedEx-EQR)

**PRIORITY OVERNIGHT**

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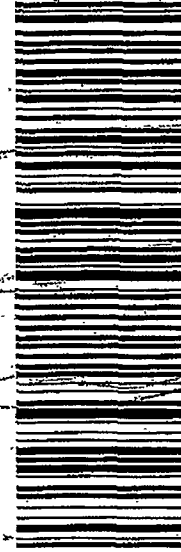
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**NR FBLA**



WR GRACE PIQ 017400-0054

**W. R. Grace**  
**Asbestos Personal Injury**  
**Questionnaire**





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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE



In re: ) Chapter 11  
)  
W. R. GRACE & CO., et al., ) Case No. 01-01139 (JKF)  
) Jointly Administered  
Debtors. )  
)

**W. R. Grace  
Asbestos Personal Injury  
Questionnaire**

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL:

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
P.O. BOX 1620  
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
201 S. LYNDAL AVE.  
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



**INSTRUCTIONS****A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injury or wrongful death that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.

2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.

4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).

5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

**B. PART I -- Identity of Injured Person and Legal Counsel**

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

**C. PART II -- Asbestos-Related Condition(s)**

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**Supporting Documents for Diagnosis:** This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

**X-rays and B-reads:** Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

**Pulmonary Function Tests:** Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III - Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If you were exposed to Grace asbestos-containing products at multiple sites, the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.



Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

**Occupation Codes**

- |  |   |
|--|---|
| 01. Air conditioning and heating installer/maintenance           | 31. Iron worker   |
| 02. Asbestos miner   | 32. Joiner  |
| 03. Asbestos plant worker/asbestos manufacturing worker          | 33. Laborer   |
| 04. Asbestos removal/abatement                                   | 34. Longshoreman  |
| 05. Asbestos sprayer/spray gun mechanic                          | 35. Machinist/machine operator                            |
| 06. Assembly line/factory/plant worker                           | 36. Millwright/mill worker                                |
| 07. Auto mechanic/bodywork/brake repairman                       | 37. Mixer/bagger  |
| 08. Boilermaker  | 38. Non-asbestos miner                                    |
| 09. Boiler repairman   | 39. Non-occupational/residential                          |
| 10. Boiler worker/cleaner/inspector/engineer/installer           | 40. Painter   |
| 11. Building maintenance/building superintendent                 | 41. Pipefitter  |
| 12. Brake manufacturer/installer                                 | 42. Plasterer   |
| 13. Brick mason/layer/hod carrier                                | 43. Plumber - install/repair                              |
| 14. Burner operator  | 44. Power plant operator                                  |
| 15. Carpenter/woodworker/cabinetmaker                            | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper  | 46. Railroad worker/carman/brakeman/machinist/conductor   |
| 17. Clerical/office worker                                       | 47. Refinery worker                                       |
| 18. Construction - general                                       | 48. Remover/installer of gaskets                          |
| 19. Custodian/janitor in office/residential building             | 49. Rigger/stevedore/seaman                               |
| 20. Custodian/janitor in plant/manufacturing facility            | 50. Rubber/tire worker                                    |
| 21. Electrician/inspector/worker                                 | 51. Sandblaster   |
| 22. Engineer   | 52. Sheet metal worker/sheet metal mechanic               |
| 23. Firefighter  | 53. Shipfitter/shipwright/ship builder                    |
| 24. Fireman  | 54. Shipyard worker (md. repair, maintenance)             |
| 25. Flooring installer/tile installer/tile mechanic              | 55. Steamfitter   |
| 26. Foundry worker   | 56. Steelworker   |
| 27. Furnace worker/repairman/installer                           | 57. Warehouse worker                                      |
| 28. Glass worker   | 58. Welder/blacksmith                                     |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other   |
| 30. Insulator  |   |

**Industry Codes**

- |  |  |
|--|--|
| 001. Asbestos abatement/removal          | 109. Petrochemical                             |
| 002. Aerospace/aviation                  | 110. Railroad                                  |
| 100. Asbestos mining                     | 111. Shipyard-construction/repair              |
| 101. Automotive                          | 112. Textile                                   |
| 102. Chemical                            | 113. Tire/rubber                               |
| 103. Construction trades                 | 114. U.S. Navy                                 |
| 104. Iron/steel                          | 115. Utilities                                 |
| 105. Longshore                           | 116. Grace asbestos manufacture or milling     |
| 106. Maritime                            | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy)     | 118. Other                                     |
| 108. Non-asbestos products manufacturing |  |

**E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure to asbestos-containing products through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

**F. PART V – Exposure to Non-Grace Asbestos-Containing Products**

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

**G. PART VI – Employment History**

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica**

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

**I. PART VIII – Claims by Dependents or Related Persons**

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

**J. PART IX – Supporting Documentation**

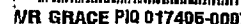
In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

**K. PART X – Attestation that Information is True, Accurate and Complete**

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.



**REDACTED**

- REDACTED**

## c. CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? ..... ☒ Living   ☐ Deceased  
If deceased, date of death: ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:  
Primary Cause of Death (as stated in the Death Certificate): \_\_\_\_\_  
Contributing Cause of Death (as stated in the Death Certificate): \_\_\_\_\_

## PART II: ASBESTOS-RELATED CONDITIONS

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:
- |  |  |
|--|--|
| <input type="checkbox"/> Asbestos-Related Lung Cancer      | <input type="checkbox"/> Mesothelioma  |
| <input type="checkbox"/> Asbestosis                        | <input checked="" type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma) |
| <input checked="" type="checkbox"/> Other Asbestos Disease | <input type="checkbox"/> Clinically Severe Asbestosis  |
- a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):
- |   |
|---|
| <input type="checkbox"/> diagnosis from a pathologist certified by the American Board of Pathology  |
| <input type="checkbox"/> diagnosis from a second pathologist certified by the American Board of Pathology   |
| <input type="checkbox"/> diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition |
| <input type="checkbox"/> other (please specify): _____  |

REC'D JUL 12 2006

## PART III: ASBESTOS-RELATED CONDITION(S) (Continued)



- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with lung cancer based on the following (check all that apply):
- ☐ findings by a pathologist certified by the American Board of Pathology
  - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ evidence of asbestosis determined by pathology
  - ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)*
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
  - ☐ other (please specify): \_\_\_\_\_

c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
- ☐ colon      ☐ pharyngeal      ☐ esophageal      ☐ laryngeal      ☐ stomach cancer
- ☐ other, please specify: PROSTATE
- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):
- ☒ findings by a pathologist certified by the American Board of Pathology
  - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ evidence of asbestosis determined by pathology
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
  - ☐ other (please specify): \_\_\_\_\_

## PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



- d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis by (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
  - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
  - ☐ asbestosis determined by pathology
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
  - ☐ other (please specify): \_\_\_\_\_
- e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ asbestosis determined by pathology
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
  - ☐ other (please specify): \_\_\_\_\_

## PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



NR GRACE PIQ 017405-0010

- f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions, those above, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
  - ☐ diagnosis determined by pathology
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
  - ☒ a chest x-ray reading other than those described above
  - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
  - ☒ a pulmonary function test other than that discussed above
  - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
  - ☐ a CT Scan or similar testing
  - ☐ a diagnosis other than those above
  - ☐ other (please specify): \_\_\_\_\_

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## PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



## 2. Information Regarding Diagnosis

Date of Diagnosis: See Attached Exhibit A / /Diagnosing Doctor's Name: See Attached Exhibit ADiagnosing Doctor's Specialty: See Attached Exhibit ADiagnosing Doctor's Mailing Address: See Attached Exhibit A  
Address

City State/Province Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: (See ) Attached Exhibit A

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ☐ Yes ☒ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ☐ Yes ☒ NoWas the diagnosing doctor referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? ☐ Yes ☒ NoIf yes, please explain: N/AWas the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ☒ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? N/A ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? ☒ Yes ☐ NoDid the diagnosing doctor perform a physical examination? ☒ Yes ☐ NoDo you currently use tobacco products? ☐ Yes ☒ NoHave you ever used tobacco products? ☒ Yes ☐ No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

☒ Cigarettes Packs Per Day (half pack = .5) 2 Start Year 1942 End Year 1975☐ Cigars Cigars Per Day \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): \_\_\_\_\_  
Amount Per Day \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

## 3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☒ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☐ Other: \_\_\_\_\_Address where chest x-ray taken: N/A  
AddressCity TYLER, TEXAS State/Province Zip/Postal Code

REDACTED



## PART II - ASBESTOS-RELATED CONDITION(S) (Continued)

4. Information Regarding Chest X-Ray Reading See Attached Exhibit ADate of Reading:      /      /      ILO score:     Name of Reader: See Attached Exhibit AReader's Daytime Telephone Number: See Attached Exhibit A -     Reader's Mailing Address: See Attached Exhibit A  
Address

City State/Province Zip/Postal Code

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed... REDACTED ☒ Yes ☐ NoIf yes, please indicate who paid for the services performed:     Did you retain counsel in order to receive any of the services performed by the reader? ☐ Yes ☒ NoWas the reader referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? ☐ Yes ☒ NoIf yes, please explain: N/AWas the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? ☒ Yes ☐ NoIf the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: N/A5. Information Regarding Pulmonary Function Test: See Attached Exhibit A Date of Test:      /      /     List your height in feet and inches when test given: See Attached Exhibit A ft      inchesList your weight in pounds when test given: See Attached Exhibit A lbsTotal Lung Capacity (TLC): See Attached Exhibit A % of predictedForced Vital Capacity (FVC): See Attached Exhibit A % of predictedFEV1/FVC Ratio: See Attached Exhibit A % of predictedName of Doctor Performing Test (if applicable): See Attached Exhibit ADoctor's Specialty: See Attached Exhibit AName of Clinician Performing Test (if applicable): See Attached Exhibit ATesting Doctor or Clinician's Mailing Address: See Attached Exhibit A  
Address

City State/Province Zip/Postal Code

Testing Doctor or Clinician's Daytime Telephone Number: (See ) Attached Exhibit AName of Doctor Interpreting Test: See Attached Exhibit ADoctor's Specialty: See Attached Exhibit AInterpreting Doctor's Mailing Address: See Attached Exhibit A  
Address

City State/Province Zip/Postal Code

Interpreting Doctor's Daytime Telephone Number: See Attached Exhibit A

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? ..... ☐ Yes ☒ No

Was the testing doctor and/or clinician paid for the services that he/she performed? ..... ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? .. ☐ Yes ☒ No

Was the testing doctor or clinician referred to you by counsel? ..... ☒ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? ..... ☐ Yes ☒ No

If yes, please explain: N/A

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? ..... ☒ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? ..... ☐ Yes ☒ No

Was the doctor paid for the services that he/she performed? ..... ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the doctor? ..... ☐ Yes ☒ No

Was the doctor referred to you by counsel? ..... ☒ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? ..... ☐ Yes ☒ No

If yes, please explain: \_\_\_\_\_

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? ..... ☒ Yes ☐ No

#### 6. Information Regarding Pathology Reports:

Date of Pathology Report: ..... N/A / /

Findings: \_\_\_\_\_

Name of Doctor Issuing Report: \_\_\_\_\_

Doctor's Specialty: \_\_\_\_\_

Doctor's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Doctor's Daytime Telephone Number: ..... ( ) -

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? ..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the doctor? ..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? ..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

..... ☐ Yes ☐ No

REDACTED

REDACTED

## PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



CVR GRACE PIQ 017405-0914

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition? ☐ Yes ☐ No

*If yes, please complete the following:*

Name of Treating Doctor: \_\_\_\_\_

Treating Doctor's Specialty: \_\_\_\_\_

Treating Doctor's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Treating Doctor's Daytime Telephone number: ..... ( ) ..... - .....

Was the doctor paid for the services that he/she performed? ..... ☐ Yes ☐ No

*If yes, please indicate who paid for the services performed:* .....

Did you retain counsel in order to receive any of the services performed by the doctor? ..... ☐ Yes ☐ No

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### PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Site Name: See Attached Exhibit B

Location: \_\_\_\_\_

Site Type: ☐ Residence ☐ Business

Site Owner: \_\_\_\_\_

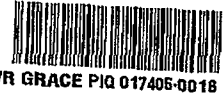
Employer During Exposure: \_\_\_\_\_

Unions of which you were a member during your employment: \_\_\_\_\_

Job Description:	Product(s)	Basis for Identification of each Grace Product	Dates and Frequency of Exposure (month/day/year)	Occupation Code (If Code 99, specify)	Industry Code (If Code 99, specify)	Was exposure due to working in or around areas where products were being installed, mixed, removed or cut?	Nature of Exposure
Job 1 Description:							
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							



## PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS



1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? ..... ☐ Yes ☒ No

*If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.*

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is your Relationship to Other Injured Person: ..... ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

\_\_\_\_\_

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

\_\_\_\_\_

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ..... ☐ Yes ☐ No

*If yes, please provide caption, case number, file date, and court name for the lawsuit:*

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_ File Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Court Name: \_\_\_\_\_

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

\_\_\_\_\_

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

\_\_\_\_\_

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(f) If other, please specify.

See Attached Exhibit C

Site of Exposure 1		Job 1 Description:	See	Attached	Exhibit
Site Name: _____					
Address: _____					
City and State: _____					
Site Owner: _____					
Site of Exposure 2		Job 1 Description:			
Site Name: _____					
Address: _____					
City and State: _____					
Site Owner: _____					
Site of Exposure 3		Job 1 Description:			
Site Name: _____					
Address: _____					
City and State: _____					
Site Owner: _____					



## PART VI: EMPLOYMENT HISTORY



VR GRACE PIQ 017405-0018

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: \_\_\_\_\_ If Code 59, specify: See Attached Exhibit B  
 Industry Code: \_\_\_\_\_ If Code 118, specify: See Attached Exhibit B  
 Employer: See Attached Exhibit B  
 Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location: See Attached Exhibit B  
 Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Occupation Code: \_\_\_\_\_ If Code 59, specify: See Attached Exhibit B  
 Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location: \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Occupation Code: \_\_\_\_\_ If Code 59, specify: See Attached Exhibit B  
 Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location: \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Occupation Code: \_\_\_\_\_ If Code 59, specify: See Attached Exhibit B  
 Industry Code: \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Beginning of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location: \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

## PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR



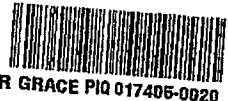
## LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? ☒ Yes ☐ No  
 If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:  
 Caption: See Attached Exhibit C  
 Case Number: See Attached Exhibit C File Date: 12/13/1999  
 Court Name: See Attached Exhibit C
3. Was Grace a defendant in the lawsuit? ☒ Yes ☐ No
4. Was the lawsuit dismissed against any defendant? ☒ Yes ☐ No  
 If yes, please provide the basis for dismissal of the lawsuit against each defendant:  
See General Objections and further objection is made in that answer calls for attorney work-product.
5. Has a judgment or verdict been entered? ☐ Yes ☒ No  
 If yes, please indicate verdict amount for each defendant(s): \_\_\_\_\_
6. Was a settlement agreement reached in this lawsuit? ☒ Yes ☐ No  
 If yes and the settlement was reached on or after April 2, 2001, please indicate the following:  
 a. Settlement amount for each defendant: See General Objections  
 b. Applicable defendants: See General Objections  
 c. Disease or condition alleged: See General Objections  
 d. Disease or condition settled (if different than disease or condition alleged): \_\_\_\_\_
7. Were you deposed in this lawsuit? ☐ Yes ☒ No  
 If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire

## CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? ☐ Yes ☐ No  
 If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2. Date the claim was submitted: See General Objections \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Person or entity against whom the claim was submitted: See General Objections
4. Description of claim: See General Objections
5. Was claim settled? ☐ Yes ☐ No
6. Please indicate settlement amount: \_\_\_\_\_ \$ \_\_\_\_\_
7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No  
 If yes, provide the basis for dismissal of the claim: \_\_\_\_\_



**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**

Name of Dependent or Related Person: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
 Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Financially Dependent: \_\_\_\_\_ ☐ Yes ☐ No  
 Relationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Daytime Telephone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART IX: SUPPORTING DOCUMENTATION**

Please use the checklists below to indicate which documents you are submitting with this form.

**Copies:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Medical records and/or report containing a diagnosis            | <input type="checkbox"/> X-rays  |
| <input type="checkbox"/> Lung function test results   | <input checked="" type="checkbox"/> X-ray reports/interpretations                              |
| <input checked="" type="checkbox"/> Lung function test interpretations                              | <input type="checkbox"/> CT scans  |
| <input type="checkbox"/> Pathology reports  | <input type="checkbox"/> CT scan reports/interpretations                                       |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input checked="" type="checkbox"/> Supporting documentation of other asbestos exposure             | <input type="checkbox"/> Death Certification   |

**Originals:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis                       | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results   | <input type="checkbox"/> X-rays  |
| <input type="checkbox"/> Lung function test interpretations   | <input type="checkbox"/> X-ray reports/interpretations                       |
| <input type="checkbox"/> Pathology reports  | <input type="checkbox"/> CT scans  |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations                     |
|   | <input type="checkbox"/> Death Certification                                 |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

**PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.  
**TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: \_\_\_\_\_

**REDACTED**

Date: 2/06/06

Please Print Name: \_\_\_\_\_

**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: \_\_\_\_\_

Date: 02/16/2006

Please Print Name: \_\_\_\_\_

Scott W. West



✓  
**STEPHEN N. FISHER, M.D.**  
**BOARD CERTIFIED RADIOLOGIST**  
**NIOSH CERTIFIED B READER**

**PATIENT NAME:**  
**SOCIAL SECURITY NUMBER:** REDACTED

**PA AND LATERAL CHEST RADIOGRAPHS:** dated 12-29-98 were evaluated for the presence of pneumoconiosis, utilizing the ILO (1980) guidelines.

The heart, mediastinum, and pulmonary vasculature are normal. Irregular interstitial opacities are observed in both mid and lower lung zones, the size and shape of which are classified as t/t, and the profusion is 2/1. The pleural surfaces are normal and no other significant defects are found.

**OPINION: BILATERAL INTERSTITIAL FIBROTIC CHANGES CONSISTENT WITH ASBESTOSIS IN A PATIENT WHO HAS HAD AN ADEQUATE EXPOSURE HISTORY AND LATENT PERIOD.**

STEPHEN N. FISHER, MD/ABN/407

*Stephen N. Fisher MD.*

**EXHIBIT**  
**"A"**

~~JAN 23 1999~~



www.swpulmonary.com

September 5, 2001

Foster & Sear Law Office  
1201 North Watson Road, Suite 145  
Arlington, Texas 76006

RE:                **REDACTED**

Dear Sirs,

I saw                                on September 5, 2001 during an evaluation for asbestos related disease. He is a 76-year-old white male with consistent dyspnea on exertion that he has noticed for the last couple of years. He has a chronic daily cough sometimes productive of purulent sputum. He has been prescribed an albuterol inhaler, but has not noticed a great deal of benefit. He has also had hoarseness for about two years. He has not had pleurisy. He smoked one and a half packs a day for 30 years and quit in 1975.

His asbestos exposure began in 1941 when he was in the navy stationed on ships with asbestos insulation. He did not work with the insulation per say. From 1947 to 1962 he worked for printing companies and he used powdered asbestos fibers and applied that to the mouth of the casting box and he would re-apply that material every 3-4 months. He would remove the fibers by hand out of a bag, mix it with water and then apply it. He would also have to clean old asbestos off the mouth of the casting box to repeat the process.

His past medical history is remarkable for gall bladder and prostate cancer surgery. He has pernicious anemia, diabetes since 1987, high cholesterol.

He is allergic to sulfa and Compazine.

His family history is noncontributory.

His review of systems is positive for nocturia x 2, anemia responsive to B12 and no significant arthritis.

On physical exam, he is a well-developed, well-nourished, white male in no respiratory distress with a husky voice. His blood pressure is 118/80. His heart rate is 68. His respiratory rate is 14 and unlabored. His conjunctivae were not pale. His sclerae were nonicteric. His sinuses were nontender. His nasal mucosa looked normal. His pharynx was red and he had fair dentition. He had no JVD and no submandibular or supraclavicular adenopathy. He had good carotid pulsations. He had trace clubbing. He

Tul Kabynamit, M.D.  
Randall Rosenblatt, M.D., P.A.  
Fernando Torres, M.D.  
Ofelia M. Urset, M.D.  
Joseph Viroshav, M.D., P.A.

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6124 West Parker Road, Suite 131  
Plano, Texas 75093  
(972) 981-7762 phone  
(972) 981-7766 fax

Wyatt E. Rousseau, M.D., P.A.  
Kenney Weinmeister, M.D., P.A., MBA  
Gary L. Weinstein, M.D., P.A.

8220 Walnut Hill Lane, Suite 408  
Dallas, Texas 75231  
(214) 345-4062 phone  
(214) 345-4066 fax

REDACTED



REDACTED

RE:  
September 5, 2001  
Page Two

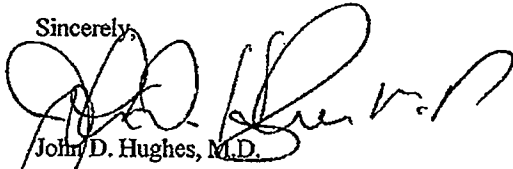
Had good radial brachial and dorsal pedal pulses. Cardiac examination revealed no displacement of his PMI and no S3 or murmur. Lung examination showed no dullness to percussion, normal tactile fremitus, no egophony and nonclearing rales isolated to the posterior and lateral aspects of both lung bases. To summarize, he had bilateral, nonclearing rales. His abdomen was benign without organomegaly, no masses and normal bowel sounds. He had good upper and lower extremity strength.

His pulmonary functions showed a normal spirometry and lung volume, but his diffusion capacity was moderately impaired.

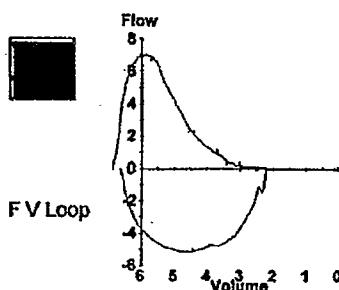
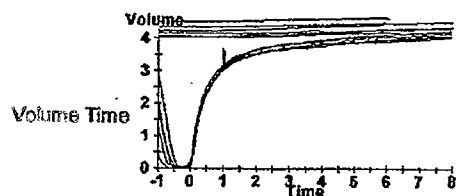
His chest x-ray showed bilateral, pleural thickening and bilateral, irregular, parenchymal opacities that were small in size and mild in abundance. I see no evidence of a respiratory tract malignancy.  
has asbestosis with physiologic impairment and asbestos related pleural disease.

I hope this information is helpful.

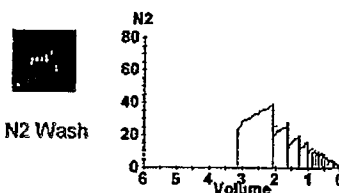
Sincerely,

  
John D. Hughes, M.D.  
JDH/tc

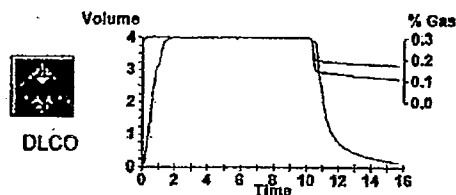
REDACTED

**HOLLAND BIEBER & ASSOCIATES, INC.****Patient:** REDACTED**Date:** 09/05/01**SS#:****Physician:** Dr. J. Hughes**Age:** 76 **Height(in):** 69 **Weight(lb):** 217**Technician:** VA/MA**Gender:** Male **Race:** Caucasian**Pulmonary Function Analysis****F V Loop****Volume Time****Spirometry**

		Ref	Pre Meas	Pre % Ref
FVC	Liters	4.22	4.63	110
FEV1	Liters	3.20	3.14	98
FEV1/FVC	%	76	68	
FEF25-75%	L/sec	2.82	1.75	62
FEF50%	L/sec		2.48	
PEF	L/sec		8.57	

**Lung Volumes****N2 Wash**

VC	Liters	4.22	4.63	110
IC	Liters	2.79	3.77	135
ERV	Liters	1.39	0.79	56
FRC N2	Liters	3.65	3.07	84
RV	Liters	2.51	2.21	88
TLC	Liters	6.82	6.84	100
RV/TLC	%	38	32	

**DLCO****Diffusion**

DLCO	mL/mmHg/min	29.8	15.9	53
VA	Liters		6.63	
DLCO/VA	mL/mHg/min/L	4.50	2.40	53
IVC	Liters		4.16	

**Comments:**  
Good patient effort for all PFTs3

**Any Info:** Foster & Sear  
City: Lufkin, TX

**PF Reference:** Crapo/Hsu

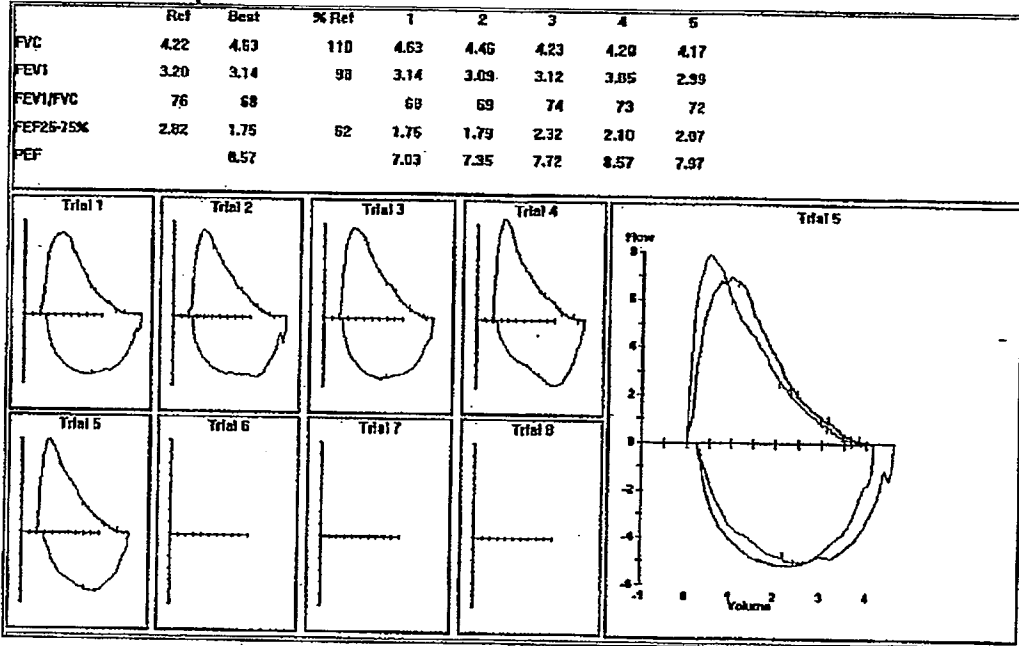
HOLLAND BIEBER &amp; ASSOCIATES, INC.



REDACTED

Date: 09/05/01 Foster &amp; Sear Pre

## Flow Volume Loop ---



HOLLAND BIEBER &amp; ASSOCIATES, INC.



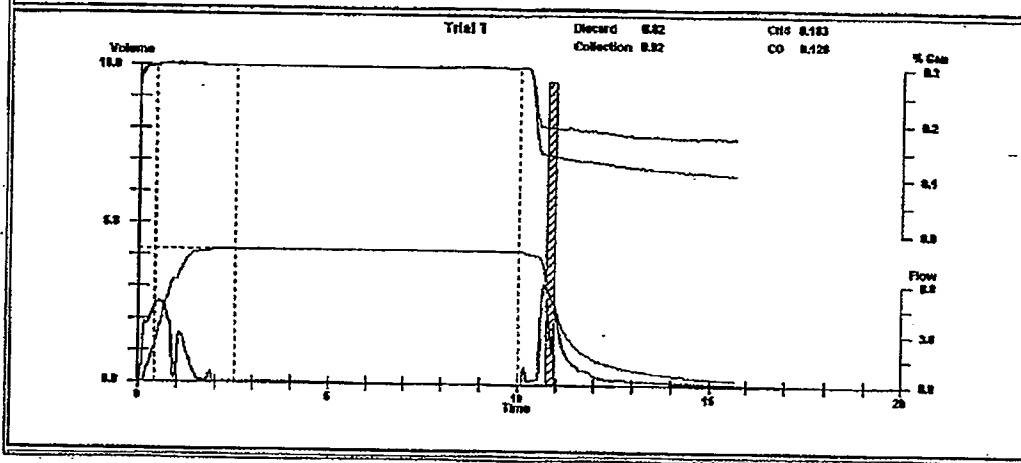
NR GRACE PIQ 017405-0027

Date: 09/05/01 Foster &amp; Sear Pro

## Single Breath DLCO —

REDACTED

	Ref	Best	% Ref	T
DLCO	29.9	16.1	54	16.1
DLAdj	29.9	16.1	54	16.1
IVC		4.16		4.16
VA		6.44		6.44
DLVA Adj		2.51		2.51





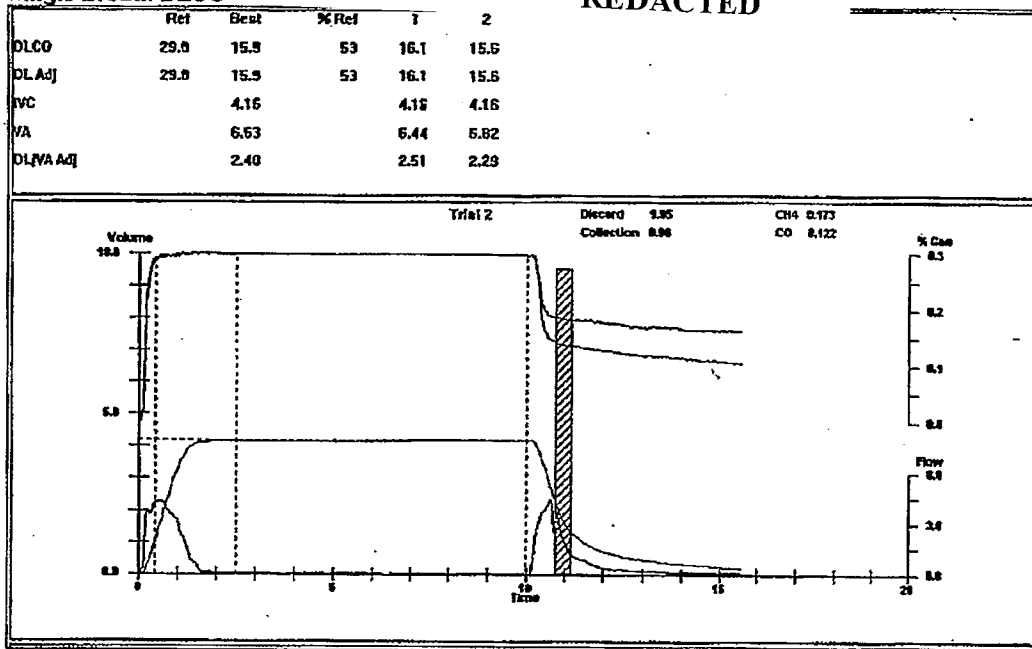
HOLLAND BIEBER &amp; ASSOCIATES, INC.



Date: 09/05/01 Foster &amp; Sear Pre

## Single Breath DLCO

REDACTED



NAME:  
NICKNAME:  
GROUP NAME:

REDACTED



Work History Sheet

EMPLOYER: Harris Printing and  
Stationary Co.

NAMES OF COWORKERS & JOB TITLES

JOB SITE: Harris Printing and  
Stationary Co.

CITY, STATE: Henderson, Tx

DATE OF JOB: 01/01/1947 - 12/31/1947

DID YOU WEAR A RESPIRATOR, MASK OR  
OTHER PROTECTIVE DEVICE ON THIS JOB  
TO AVOID INHALATION OF ANY DUST OR  
FUMES INCLUDING ASBESTOS DUST? No

EXPOSURE TO  
ASBESTOS PRODUCTS:

LENGTH OF JOB:  
MY DUTIES AT THIS JOB SITE:  
Apprentice

COMMENTS:

WAS JOB NEW CONSTRUCTION ;  
REPAIR X; OR BOTH

WAS JOB INDOORS? X;  
OUTDOORS? ; or BOTH

ASBESTOS MATERIALS USED ON THIS JOB:

SEE ATTACHMENT 'A'  
FOR PRODUCTS USED AT VARIOUS SITES

NAME:  
NICKNAME:  
GROUP NAME:

REDACTED



Work History Sheet

EMPLOYER: Marcus Park Printing  
Co.

NAMES OF COWORKERS & JOB TITLES

JOB SITE: Marcus Park Printing  
Co.

CITY, STATE: Henderson, Tx

REDACTED

DATE OF JOB: 01/01/1948 - 12/31/1962

EXPOSURE TO  
ASBESTOS PRODUCTS:

DID YOU WEAR A RESPIRATOR, MASK OR  
OTHER PROTECTIVE DEVICE ON THIS JOB  
TO AVOID INHALATION OF ANY DUST OR  
FUMES INCLUDING ASBESTOS DUST? No

LENGTH OF JOB:  
MY DUTIES AT THIS JOB SITE:  
Printer Press Operator Floorman

WAS JOB NEW CONSTRUCTION ;  
REPAIR X; OR BOTH

COMMENTS:

WAS JOB INDOORS? X;  
OUTDOORS? ; or BOTH

ASBESTOS MATERIALS USED ON THIS JOB:

SEE ATTACHMENT 'A'  
FOR PRODUCTS USED AT VARIOUS SITES

NAME:  
NICKNAME:  
GROSS NAME:

REDACTED



Work History Sheet

EMPLOYER: Three Forks Hearld  
JOB SITE: Three Forks Hearld  
CITY, STATE: Three Forks, Montana  
DATE OF JOB: 01/01/1955 - 12/31/1955

NAMES OF COWORKERS & JOB TITLES

EXPOSURE TO  
ASBESTOS PRODUCTS:

DID YOU WEAR A RESPIRATOR, MASK OR  
OTHER PROTECTIVE DEVICE ON THIS JOB  
TO AVOID INHALATION OF ANY DUST OR  
FUMES INCLUDING ASBESTOS DUST? No.

LENGTH OF JOB:  
MY DUTIES AT THIS JOB SITE:  
Primary Clean Up Crew

WAS JOB NEW CONSTRUCTION ;  
REPAIR ; OR BOTH

COMMENTS:

WAS JOB INDOORS? ;  
OUTDOORS? ; or BOTH

ASBESTOS MATERIALS USED ON THIS JOB:

SEE ATTACHMENT 'A'  
FOR PRODUCTS USED AT VARIOUS SITES

REDACTED

NAME:  
NICKNAME:  
GROUP NAME:

REDACTED



Work History Sheet

EMPLOYER: Longview News  
JOB SITE: Longview News  
CITY, STATE: Longview, Tx  
DATE OF JOB: 01/01/1960 - 12/31/1960  
(intermittently)

NAMES OF COWORKERS & JOB TITLES

EXPOSURE TO  
ASBESTOS PRODUCTS:

DID YOU WEAR A RESPIRATOR, MASK OR  
OTHER PROTECTIVE DEVICE ON THIS JOB  
TO AVOID INHALATION OF ANY DUST OR  
FUMES INCLUDING ASBESTOS DUST? No

LENGTH OF JOB:  
MY DUTIES AT THIS JOB SITE:  
Printer

WAS JOB NEW CONSTRUCTION ;  
REPAIR ; OR BOTH

COMMENTS:

WAS JOB INDOORS? X ;  
OUTDOORS? ; or BOTH

ASBESTOS MATERIALS USED ON THIS JOB:

SEE ATTACHMENT 'A'  
FOR PRODUCTS USED AT VARIOUS SITES

NAME: REDACTED  
NICKNAME:  
GROUP NAME:



Work History Sheet

EMPLOYER: NAMES OF COWORKERS & JOB TITLES

JOB SITE: REDACTED REDACTED

CITY, STATE: Henderson, Tx

DATE OF JOB: 01/01/1962 - 12/31/1985

EXPOSURE TO  
ASBESTOS PRODUCTS:

DID YOU WEAR A RESPIRATOR, MASK OR  
OTHER PROTECTIVE DEVICE ON THIS JOB  
TO AVOID INHALATION OF ANY DUST OR  
FUMES INCLUDING ASBESTOS DUST?

LENGTH OF JOB:  
MY DUTIES AT THIS JOB SITE:  
Printer Owner

WAS JOB NEW CONSTRUCTION ;  
REPAIR ; OR BOTH

COMMENTS:

WAS JOB INDOORS? X;  
OUTDOORS? ; or BOTH

ASBESTOS MATERIALS USED ON THIS JOB:

SEE ATTACHMENT 'A'  
FOR PRODUCTS USED AT VARIOUS SITES

REDACTED

Group Name:

## ATTACHMENT A

Product List

<u>ASBESTOS MATERIALS USED ON THIS JOB AND COMPANY</u>	Worked	
	<u>With</u>	<u>Around</u>
<u>Block Ins</u>		
Pabco	N	Y
<u>Boilers</u>		
Babcock & Wilcox	N	Y
<u>Contractors</u>		
Brown & Root Inc	N	Y
<u>Felt &amp; Cloth</u>		
Unknown	N	Y
<u>Gaskets</u>		
Victor	N	Y
<u>Ins Cement</u>		
Johns-Manville	N	Y
Pabco	N	Y
<u>Joint Compound</u>		
Paco Quik-Set	N	Y
<u>Pipe Covering</u>		
Unknown	N	Y
<u>Ref Cement</u>		
Unknown	N	Y
<u>Roof Coating</u>		
Georgia-Pacific	N	Y

CAUSE NO. DV99-9739-H

REDACTED

IN THE DISTRICT COURT

EASON; RAYMOND ALEXANDER  
 EDWARDS; LAMON CHARLES ESPY AND  
 ELLA JEAN ESPY; LEOTHUS JONES AND  
 LUCY RICHARD JONES; RAY L. LUNDAY  
 AND ELIZABETH LUNDAY; HUGH  
 MCSWEENEY AND REBECCA  
 MCSWEENEY; LEROY MORRIS AND  
 BETTY LOYD MORRIS; CECIL FLOYD  
 WALLACE AND WILLA BERRDEAN  
 WALLACE;

Plaintiffs,

VS.

PITTSBURGH CORNING CORPORATION  
 (successor to UNARCO INDUSTRIES, INC.);  
 GARLOCK INC; CROWN CORK AND SEAL  
 COMPANY, INC. (successor to MUNDET  
 CORK COMPANY); METROPOLITAN LIFE  
 INSURANCE COMPANY; FOSTER  
 WHEELER ENERGY CORPORATION; W. R.  
 GRACE & CO.-CONN. (successor to W. R.  
 GRACE & COMPANY); NORTH AMERICAN  
 REFRACTORIES COMPANY; PROKO  
 INDUSTRIES, INC.; THE SYNKOLOID  
 COMPANY; GEORGIA-PACIFIC  
 CORPORATION (individually and as successor  
 to BESTWALL GYPSUM COMPANY); U.S.  
 MINERAL PRODUCTS COMPANY; THE  
 FLINTKOTE COMPANY; UNIROYAL  
 HOLDING, INC. (successor to U. S. RUBBER  
 COMPANY); KELLY-MOORE PAINT  
 COMPANY, INC.; AQUA-CHEM, INC. (d/b/a  
 CLEAVER-BROOKS DIVISION); RAPID-  
 AMERICAN CORPORATION (f/k/a GLEN  
 ALDEN CORPORATION) (as successor-by-  
 merger to GLEN ALDEN CORPORATION,  
 BRIGGS MANUFACTURING CO., PHILIP

DALLAS COUNTY, TEXAS

160<sup>th</sup> JUDICIAL DISTRICT

PLAINTIFFS' ORIGINAL ASBESTOS PETITION, TEXAS EXPOSURE AND/OR TEXAS RESIDU  
 U:\dallas\yarbrough\orig.PET.wpd\bjr

EXHIBIT

"C"





NR GRACE PIQ 017405-0036

CAREY CORPORATION AND PHILIP §  
 CAREY MANUFACTURING COMPANY); §  
 KAISER ALUMINUM & CHEMICAL §  
 CORPORATION; COMBUSTION §  
 ENGINEERING, INC.; RILEY STOKER §  
 CORPORATION; GENERAL ELECTRIC §  
 COMPANY; GAF CORPORATION (successor §  
 to RUBEROID CORPORATION); U.S. §  
 GYPSUM COMPANY; ARMSTRONG §  
 WORLD INDUSTRIES, INC. (successor to §  
 ARMSTRONG CORK COMPANY); §  
 ASBESTOS CLAIMS MANAGEMENT §  
 CORPORATION (c/o NEW NATIONAL §  
 GYPSUM COMPANY, f/k/a NATIONAL §  
 GYPSUM COMPANY); QUIGLEY §  
 COMPANY, INC.; GASKET HOLDINGS, §  
 INC., (successor to FLEXITALLIC GASKET §  
 COMPANY); DANA CORPORATION; §  
 GENERAL REFRACTORIES COMPANY; J.T. §  
 THORPE COMPANY; KELLOGG-BROWN & §  
 ROOT, INC. (f/k/a BROWN & ROOT, INC. §  
 which was f/k/a BROWN & ROOT USA, INC., §  
 BROWN & ROOT USA DELAWARE INC. and §  
 which is the successor-in-interest to BROWN & §  
 ROOT USA INC.); ACandS, INC.; FEDERAL- §  
 MOGUL CORPORATION (Individually and as §  
 successor-in-interest to T&N plc, f/k/a TURNER §  
 & NEWELL PLC); T&N plc (f/k/a TURNER & §  
 NEWELL PLC); P.P.G. INDUSTRIES, INC. §  
 (successor to PITTSBURGH CORNING §  
 CORPORATION); INGERSOLL-RAND §  
 COMPANY; TRI-PLEX, INC.; CERTAINTEED §  
 CORPORATION; ALLIED SIGNAL; BORG- §  
 WARNER CORPORATION; FORD MOTOR §  
 COMPANY; DAIMLERCHRYSLER §  
 CORPORATION (f/k/a and as successor-in- §  
 interest to CHRYSLER CORPORATION); §  
 DAIMLERCHRYSLER MOTORS §  
 CORPORATION (f/k/a and as Successor-in- §  
 Interest to CHRYSLER CORPORATION); §  
 GENERAL MOTORS; MOOG AUTOMOTIVE, §  
 INC. (successor-in-interest to WARNER §  
 ELECTRIC CORPORATION); PNEUMO §  
 ABEX CORPORATION (successor-in-interest §

PLAINTIFFS' ORIGINAL ASBESTOS PETITION, TEXAS EXPOSURE AND/OR TEXAS RESIDENT - Page 2

REDACTED



LABEX CORPORATION and AMERICAN  
BRAKE SHOE COMPANY); ARVIN  
INDUSTRIES, INC.; THE MAREMONT  
CORPORATION (a subsidiary of ARVIN  
INDUSTRIES, INC.);

Defendants.

§  
§  
§  
§  
§  
§  
§  
§

PLAINTIFFS' ORIGINAL ASBESTOS PETITION  
TEXAS EXPOSURE AND/OR TEXAS RESIDENT

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW, Plaintiffs, (the name and residence of each Plaintiff is shown on the  
attached Exhibit "A" and incorporated herein for all purposes) complaining of the various  
Defendants listed below and for cause of action would show the Court and Jury as follows:

1. Plaintiffs reside in the State of Texas, resided in the State of Texas at the time of  
their exposure to asbestos fibers in Defendants' products, and/or sustained substantial exposure  
to asbestos fibers in Defendants products while in the State of Texas.
2. Certain Defendants named herein reside in this County and maintain a principal  
office in this County. Therefore, venue properly lies in this County. Discovery shall be  
conducted under Level 3 in accordance with the 1999 Master Asbestos Case Management Order  
section V, part A.
3. The damages sought by Plaintiffs, exclusive of interests and costs, exceed the  
minimum jurisdictional limits of the Court.
4. Defendant PITTSBURGH CORNING CORPORATION may be served with  
citation in this action by service of citation upon its corporate headquarters, Attn.: Ms. Julie  
Stephens, Legal Department, 800 Presque Isle Drive, Pittsburgh, PA 15239-2799. Said

PLAINTIFFS' ORIGINAL ASBESTOS PETITION, TEXAS EXPOSURE AND/OR TEXAS RESIDENT - Page 3

REDACTED



**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

IN RE:

W.R. GRACE & CO., et al.

Debtors.

Chapter 11

Case No. 01-01139 (JKF)

Jointly Administered

**GENERAL OBJECTIONS TO CLAIMANT DISCOVERY QUESTIONNAIRE**

\_\_\_\_ ("Claimant") hereby makes the following general objections to the W.R. Grace Asbestos Personal Injury Questionnaire (the "Discovery Questionnaire"):

1. Pursuant to Federal Rule of Civil Procedure 26(b)(4)(B), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of facts known or opinions held by an expert who has been retained or specially employed in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial. Without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of Fed.R.Civ.P. 26(b)(4)(B):

- (a) Claimant objects to Section C of the Instructions to the extent that it requests the completion of Part II of the Discovery Questionnaire "if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors."
- (b) Claimant objects to Section C of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (c) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all x-ray readings and reports."
- (d) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all pulmonary function test results, including the raw data and all spirometric tracings, on which the results are based."
- (e) Claimant objects to Section J of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (f) Claimant objects to Part II of the Discovery Questionnaire to the extent that it requests disclosure of "diagnoses and diagnostic tests" by "multiple doctors" concerning "previous or subsequent diagnoses or diagnostic tests that change or conflict with the original diagnoses." Claimant urges this objection with regard to all "conditions" for which disclosure is requested.

REDACTED



2. Claimant further objects to the Discovery Questionnaire to the extent that it seeks disclosure of any privileged communication between Claimant, and/or a representative of Claimant, and any attorney for Claimant, and/or representative of any attorney for Claimant. In addition, pursuant to Federal Rule of Civil Procedure 26(b)(3), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of the work product of any attorney for Claimant, including but not limited to the mental impressions, conclusions, opinions or legal theories of any attorney or other representative of Claimant. Specifically, and without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of the attorney-client communication and/or attorney work product privileges:

- (a) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant "retained counsel in order to receive any of the services performed by the diagnosing doctor."
- (b) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if "the diagnosing doctor was referred to you by counsel."
- (c) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant is "aware of any relationship between the diagnosing doctor and your legal counsel" unless Claimant's knowledge was obtained other than through communication with Claimant's legal counsel and/or his/her representative.
- (d) These objections are urged with regard to each instance that the above questions are asked in sections 2, 3, 4, 5, 6 and 7 of Part II of the Discovery Questionnaire.

3. Claimant further objects to Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of information relating to litigation and claims regarding silica as irrelevant to the issues concerning Claimant's asbestos claim against W.R. Grace & Co. and/or its affiliated debtors.

4. Claimant further objects to Section a.6 and b.1-7 of Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of settlements reached with other defendants that are subject to binding confidentiality agreements, and further objection is made in that said information exceeds the permissible scope of discovery regarding credit and/or offset information. Further objection is made in that the information sought is not relevant to the claims estimation process.

5. These general objections are made in addition to, and without waiver of, any specific objections contained within the responses to the Discovery Questionnaire itself. The covering sheet is intended to be, and is hereby, incorporated into the Discovery Questionnaire as if repeated therein verbatim in full.



6. By submitting this response to the Discovery Questionnaire, Claimant does not intend to, and hereby does not, submit to the jurisdiction of the United States District Court for the District of Delaware, to the United States Bankruptcy Court for the District of Delaware, or to any other court. Claimant reserves (i) all objections to the jurisdiction and/or venue, (ii) all protections afforded under Federal Rule of Civil Procedure 9016, and (iii) the right to jury trial afforded under 28 U.S.C. § 157(b)(5).

Respectfully Submitted,

**REDACTED**

Respectfully Submitted,

A handwritten signature in black ink, appearing to be "Scott W. Wert", is written above a horizontal line.

Scott W. Wert, Esq.  
TX State Bar No. 00794835  
*Foster & Sear, L.L.P.*  
524 E. Lamar Blvd., Suite 200  
Arlington, TX 76011  
PH: (817) 633-3355  
FAX: (817) 633-5507  
[swert@fostersear.com](mailto:swert@fostersear.com)

**FOSTER & SEAR, L.L.P.**  
**ATTORNEYS AT LAW**

524 EAST LAMAR BOULEVARD, SUITE 200  
ARLINGTON, TX 76011



(817) 633-3355  
(800) 631-5908  
(817) 633-5507 FACSIMILE

July 7, 2006

United State Bankruptcy Court  
District of Delaware  
Clerk of Court  
824 Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19801

*Re: Cause No. 01-01139 (JKF); W. R. Grace & Co., et al., Debtor; In Proceedings for  
a Reorganization under Chapter 11*

Dear Clerk:

Enclosed for filing please find two discs containing W. R. Grace Asbestos Personal Injury Questionnaires in PDF format for each claimant named on the enclosed list.

I have also included hard-copies of the Questionnaires. Please place your file-mark stamp on each, and return them to me in the same boxes they were shipped in. I have enclosed return FedEx labels for your convenience.

Thank you for your cooperation. Please feel free to contact me at 817-633-3355 if you have any questions or concerns.

Sincerely,

FOSTER & SEAR, L.L.P.

Denise Clement,  
Settlement Department

SHIP DATE: 11 JUL 06  
SYSTEM: 15135805  
ACTUAL WGT: 50.1 LB

(973) 565-2358  
EMP: #199159  
NEWARK OVERGOODS  
Newark International Airport  
Newark, NJ 07114

Part # 154254-354 NRIT 08/05

TO:  
\*ATTN MR GRACE AND CO BANKRUPTCY (507) 334-2031  
\*RUST CONSULTING INC  
201 S LYNDAL AVE S  
FARIBAULT, MN 55021

REF: 20060711074

FedEx Revenue Barcode

**FedEx**

Delivery/Address Barcode (FedEx-EdR)

**PRIORITY OVERNIGHT**

TRK: 7927 8973 1745 FORM 8201

WED  
Deliver By  
12 JUL 06  
AR

55021 MN-US MSP

**NR FBLA**



MR GRACE PIQ 017405-0042